

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90007 046 ****61.25

DOCUMENT # N08309

1. Entity Name
LAKE EDGE ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4226 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**

Mailing Address
**C/O PROFESSIONALLY YOURS INC
P O BOX 100831
CAPE CORAL, FL 33910 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1964448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TEAGUE, GEORGE
2517 SANTA BARBARA BLVD.#11
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado blvd. #500

Cape Coral

FL 33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHULKINS, JOHN**
STREET ADDRESS **3301 BRANDI CT.**
CITY-ST-ZIP **HURST, TX 76054**

TITLE **V** ☐ Delete
NAME **JODOIN, GEORGE**
STREET ADDRESS **45 VENUS AVE**
CITY-ST-ZIP **BURLINGTON, VT 05401**

TITLE **ST** ☒ Delete
NAME **KIRBY, MARY**
STREET ADDRESS **621 SW 3RD CT. #102-A**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
NAME **Suzanna Hausman**
STREET ADDRESS **707 SW 3rd Ct. #102B**
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Barbara Dimadio**
STREET ADDRESS **621 SW 3rd Ct. #104A**
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanna R. Hausman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #